If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-878 (Rev. 8/01)

Independent

"\$TU.8.GPO:2001 422-124 / 59197

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

OR

OR

OR

X86=

+280<sub>=</sub>

ADDIT. FÉE

TOTAL

X43 =

+140=

TOTAL

<sup>\*\*</sup> If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09827504

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS							Г	RATE	FEE	) 	RATE	FEE
FOR			NUMBER FILED		NUMBI	ER EXTRA	į,	BASIC FEE	370.00	OB	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			32 minus 20=		*		ŀ	X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			# minus 3 = *		*			X42=			X84=	
MULTIPLE DEPENDENT CLAIM PRESENT							` <b> </b>			OR		
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	L	+140=		OR	+280=	
31.5						0.0		TOTAL		OR	TOTAL	
11-17-04 (Column 1) (Column 1)					mn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* 32	Minus	**	32	= /		X\$ 9=		OR	X\$18=	
	Independent	* <i>H</i>	Minus	***	H TCLAIM	=		X42=		OR	X84=	14
FIRST PRESENTATION'OF MULTIPLE DEPENDENT CLAIM .								+140=		OR	+280=	
							_ A	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)										-		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	1	X42=		OR	X84=	
Ĺ	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDEN	TCLAIM		▎▐	+140=		OR	+280=	
							L 4	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
					-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	: :	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	<b>~</b> • • • • • • • • • • • • • • • • • • •	-	<b> </b>	X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								.110			. 200	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280= TOTAL		
**	If the "Highest Nu "If the "Highest Nu	mber Previously Pa mber Previously P	aid For" IN THI aid For" IN THI	S SPACE S SPACE	is less that is less that	in 20, enter "20 an 3, enter "3."	· ·	DDIT. FEE		OR	ADDIT. FEE	L
	The "Highest Num	nber Previously, Pa	id For" (Total of		dent) is the	e highest numb	er fou	nd in the app	propriate box	x in co	lumn 1.	